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Chapter you are filing under:	
☐ Chapter 7	
☐ Chapter 11	
☐ Chapter 12	
Chapter 13	☐ Check if this an amended filing
	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Geoffrey First name K. Middle name Wilson Last name and Suffix (Sr., Jr., II, III)	Ceil First name F. Middle name Wilson Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2938	xxx-xx-2646

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Debtor 1
Debtor 2
Geoffrey K. Wilson
Ceil F. Wilson

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		13000 W. Haiden Circle Unit 3405 Lake Bluff, IL 60044			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Lake County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
Why you are choosing this district to file for		Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Geoffrey K. Wilson

Del	otor 2 Ceil F. Wilson				Case number (if known)			
Par	t 2: Tell the Court About	Your Bankruptcy Ca	ase					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		Chapter 13						
8.	How you will pay the fee	about how yo order. If your a pre-printed	ou may pay. Typica rattorney is submitt I address.	lly, if you are paying the fee yo ing your payment on your beha	with the clerk's office in your local court for urself, you may pay with cash, cashier's che llf, your attorney may pay with a credit card	eck, or money or check with		
				ments. If you choose this optio Official Form 103A).	n, sign and attach the Application for Individ	luals to Pay		
		☐ I request that but is not request to yo	at my fee be waive quired to, waive you our family size and y	ed (You may request this option or fee, and may do so only if you you are unable to pay the fee in	only if you are filing for Chapter 7. By law, ur income is less than 150% of the official prinstallments). If you choose this option, you al Form 103B) and file it with your petition.	overty line that		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.		\//h a n	Coop number			
		District District		When When	Case number Case number			
		District		When	Case number			
10.	Are any bankruptcy							
	cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Debtor			Relationship to you			
		District		When	Case number, if known			
		Debtor			Relationship to you			
		District		When	Case number, if known			
11.	Do you rent your residence?	■ No. Go to	line 12.					
	iodiudilod:	☐ Yes. Has yo	our landlord obtaine	ed an eviction judgment agains	you and do you want to stay in your reside	nce?		
		П	No. Go to line 12.					

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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Debtor 1 Geoffrey K. Wilson

Deb	otor 2 Ceil F. Wilson		Case number (if known)			
Par	Poport About Any Ru	icinoccoc	You Own as a Sole Proprietor			
		1311163363	Tou Own as a Sole i Tophietor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code			
	it to this petition.		Check the appropriate box to describe your business:			
			Health Care Business (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))			
			Stockbroker (as defined in 11 U.S.C. § 101(53A))			
			Commodity Broker (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a addines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stated attach the statement, and federal income tax return or if any of these documents do not exist, follow the 1 U.S.C. 1116(1)(B).			
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the de Code.	efinition in the Bankruptcy		
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition	on in the Bankruptcy Code.		
Par	t 4: Report if You Own or	· Have Anv	Hazardous Property or Any Property That Needs Immediate Attention			
14	Do you own or have any		, , , , , , , , , , , , , , , , , , ,			
	property that poses or is	■ No.				
	alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?			
	identifiable hazard to					
	public health or safety? Or do you own any					
	property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
			Number, Street, City, State & Zip Code			

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Debtor 1 Geoffrey K. Wilson
Debtor 2 Ceil F. Wilson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-22524 Doc 1 Filed 07/28/17 Entered 07/28/17 15:09:35 Desc Main Document Page 6 of 58

Geoffrey K. Wilson Debtor 1 Ceil F. Wilson Debtor 2 Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** What kind of debts do Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts I am not filing under Chapter 7. Go to line 18. 17. Are you filing under ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Geoffrey K. Wilson /s/ Ceil F. Wilson Geoffrey K. Wilson Ceil F. Wilson Signature of Debtor 1 Signature of Debtor 2 Executed on July 28, 2017 Executed on July 28, 2017 MM / DD / YYYY MM / DD / YYYY

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	Geoffrey K. Wilson Ceil F. Wilson	Document	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lester A. Ottenheimer	III	Date	July 28, 2017
Signature of Attorney for Debto	or		MM / DD / YYYY
Lester A. Ottenheimer III Printed name			
Ottenheimer Law Group,	LLC		
Firm name			
750 Lake Cook Road			
Suite 290			
Buffalo Grove, IL 60089			
Number, Street, City, State & ZIP Code			
Contact phone 847-520-9400	Er	nail address	lottenheimer@olawgroup.com
3127572			
Bar number & State			

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		Docume	ent Paue 8 01 58					
Fill in this information to identify your case:								
Debtor 1	Geoffrey K. Wilso	on						
	First Name	Middle Name	Last Name					
Debtor 2	Ceil F. Wilson							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS					
Case number (if known)								

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	110,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	83,545.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	193,545.00
Par	t 2: Summarize Your Liabilities		
			i abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	203,941.43
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	756.90
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	131,284.05
	Your total liabilities	\$	335,982.38
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,856.56
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,042.13
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Geoffrey K. Wilson

Debtor 2 Ceil F. Wilson

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,830.57

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	756.90
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	756.90

Case 17-22524 Doc 1 Filed 07/28/17 Entered 07/28/17 15:09:35 Desc Main Document Page 10 of 58 Fill in this information to identify your case and this filing: Debtor 1 Geoffrey K. Wilson First Name Middle Name Last Name Debtor 2 Ceil F. Wilson (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1 1 13000 W. Haiden Circle Unit 3405 Street address, if available, or other description

Lake Bluff IL 60044-0000
City State ZIP Code

Lake
County

What	is the property? Check all that apply				
	Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured claims or exemptions. In the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property.			
	Manufactured or mobile home Land		rent value of the ire property?	Current value of the portion you own?	
	Investment property		\$105,000.00	\$105,000.00	
	Timeshare Other	Describe the nature of your ownership int (such as fee simple, tenancy by the entire			
Who h	has an interest in the property? Check one	a life estate), if known. Jointly held by husband and wife			
	Debtor 1 only				
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	01 - 1 - 16 - 16 - 16 - 16 - 16 - 16 - 1		amunity property	
	At least one of the debtors and another	Check if this is community property (see instructions)			

Other information you wish to add about this item, such as local

property identification number:

Official Form 106A/B Schedule A/B: Property page 1

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Debt		Ceil F. Wilson	Case	e number (if known)	
	If you	own or have more than one, I	ist here:		
1.2	-		What is the property? Check all that apply		
_		je Lakes Resorts	Single-family home	Do not deduct secured cla	
	Street add	dress, if available, or other description	Duplex or multi-unit building	the amount of any secured Creditors Who Have Claim	
			Condominium or cooperative		
			 ☐ Land	Current value of the entire property?	Current value of the portion you own?
-	City	State ZIP Code	_ _	\$5,000.00	\$5,000.00
	•		■ Timeshare	<u> </u>	
			☐ Other	Describe the nature of y (such as fee simple, ten	our ownership interest ancy by the entireties, or
			Who has an interest in the property? Check one	a life estate), if known.	
			☐ Debtor 1 only		
_			Debtor 2 only		
	County		■ Debtor 1 and Debtor 2 only	☐ Check if this is com	munity property
			At least one of the debtors and another	(see instructions)	manity property
			Other information you wish to add about this iter	m, such as local	
			property identification number:		
ome . Ca	one else		interest in any vehicles, whether they are registere report it on Schedule G: Executory Contracts and Une chicles, motorcycles		ŕ
3.1	Make:	Honda	Who has an interest in the property? Check one	Do not deduct secured cla	
	Model:	0-1	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	2002	Debtor 2 only		, , ,
	Approx	ximate mileage: 200,000	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other i	information:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$425.00	\$425.00
3.2	Make:		Who has an interest in the property? Check one	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
	Model:		Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.
	Year:	2013	Debtor 2 only	Current value of the	Current value of the
		ximate mileage: 40,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other i	information:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$15,200.00	\$15,200.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Geoffrey K. Wilson	Document	Page 12 of 58	
Debtor 2	Ceil F. Wilson		Case number (if known)	
			cles, other vehicles, and accessories nowmobiles, motorcycle accessories	
■ No				
☐ Yes				
			rom Part 2, including any entries for	\$15,625.00
			'	
	cribe Your Personal and Household It		vimm itama?	Current value of the
·	n or have any legal or equitable in	terest in any of the follow	ving items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	old goods and furnishings es: Major appliances, furniture, linens	s. china. kitchenware		
□ No		,		
Yes.	Describe			
	Miscellaneous	annliances dining roo	m table and chairs, 2 sets of	
	bedroom, front		in table and chairs, 2 sets of	\$1,200.00
	<u> </u>		_	·
□ No			pment; computers, printers, scanners; music c	ollections; electronic devices
	2 televisions, 1 cellphones	DVD player, 1 camera	, 1 laptop, 1 printer, 3	\$600.00
Example □ No	oles of value es: Antiques and figurines; paintings, other collections, memorabilia, co	illectibles	oks, pictures, or other art objects; stamp, coin,	or baseball card collections;
			*	
	Hot Wheels col	lection		\$1,000.00
Example □ No	musical instruments Describe	nd other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
	2 bicycles			
■ No □ Yes.	les: Pistols, rifles, shotguns, ammun			
□ No	ioo. Evoryaay olollies, luis, lealliel C	oalo, acoigner wear, sinces	, 4000301103	
Official Form	106A/B	Schedule A/B: I	Property	page 3

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Case 17-22524 Doc 1 Filed 07/28/17 Entered 07/28/17 15:09:35 Desc Main Document Page 13 of 58 Geoffrey K. Wilson Debtor 1 Ceil F. Wilson Debtor 2 Case number (if known) Yes. Describe..... Miscellaneous wearing apparel \$150.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No ■ Yes. Describe..... 2 wedding rings, 2 watches, miscellaneous costume jewelry \$350.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,550.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$20.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **US Bank** \$350.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☐ No Institution or issuer name: Yes.....

Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■ No

☐ Yes. Give specific information about them.....

Name of entity:

Fiseru

% of ownership:

\$4,000.00

Entered 07/28/17 15:09:35 Case 17-22524 Doc 1 Filed 07/28/17 Desc Main Page 14 of 58 Document Geoffrey K. Wilson Debtor 1 Ceil F. Wilson Debtor 2 Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Institution name: Type of account: \$25,000.00 401(k) **IRA** \$35,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

■ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

☐ Yes. Give specific information.....

page 5

		Document	Page 15 of 58	
Debtor :			Case number (if known)
	er amounts someone owes you amples: Unpaid wages, disability insuran benefits: unpaid loans you made		nefits, sick pay, vacation pay, workers' comp	ensation, Social Security
■ N	, ,			
□ Ye	es. Give specific information			
21 Into	rests in insurance policies			
	amples: Health, disability, or life insuranc	e; health savings account ((HSA); credit, homeowner's, or renter's insur	ance
■ Ye	es. Name the insurance company of each	h policy and list its value.		
	Company nam	e:	Beneficiary:	Surrender or refund value:
	Life insurace	e - term only	Ceil F. Wilson (wife)	\$0.00
If you	neone has died.		ed nsurance policy, or are currently entitled to re	ceive property because
■ No	o es. Give specific information			
	ms against third parties, whether or n			
Exa ■ N	amples: Accidents, employment disputes	, insurance claims, or right	s to sue	
	es. Describe each claim			
■ N	0	of every nature, includin	ng counterclaims of the debtor and rights	to set off claims
☐ Ye	es. Describe each claim			
35. Any	financial assets you did not already l	ist		
■ N	-			
☐ Ye	es. Give specific information			
36. A c	ld the dollar value of all of your entrie	s from Part 4. including a	ny entries for pages you have attached	
	r Part 4. Write that number here			\$64,370.00
Part 5:	Describe Any Business-Related Property \	ou Own or Have an Interest	In. List any real estate in Part 1.	
37 Do v	ou own or have any legal or equitable inter	est in any business-related r	property?	
_ `	. Go to Part 6.	, p		
☐ Yes	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishi If you own or have an interest in farmland, list		n or Have an Interest In.	
	you own or have any legal or equitable	e interest in any farm- or	commercial fishing-related property?	
_	No. Go to Part 7.			
П,	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Ha	ve an Interest in That You Di	d Not List Above	
	you have other property of any kind your many season tickets, country club mer			
■ N	0			
□ Ye	es. Give specific information			

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Geoffrey K. Wilson Debtor 1 Ceil F. Wilson Case number (if known) Debtor 2 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$110,000.00 Part 2: Total vehicles, line 5 56. \$15,625.00 Part 3: Total personal and household items, line 15 57. \$3,550.00 Part 4: Total financial assets, line 36 58. \$64,370.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... 62. \$83,545.00 Copy personal property total \$83,545.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$193,545.00

Official Form 106A/B Schedule A/B: Property page 7

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	DUCUITIC	IIL FAUE I/ UI 30	
mation to identify your	case:		
Geoffrey K. Wilso	on		
First Name	Middle Name	Last Name	
Ceil F. Wilson			
First Name	Middle Name	Last Name	
inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
			☐ Check if this is an
	Geoffrey K. Wilson First Name First Name	Geoffrey K. Wilson First Name Middle Name Ceil F. Wilson First Name Middle Name	Geoffrey K. Wilson First Name Middle Name Last Name Ceil F. Wilson First Name Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
13000 W. Haiden Circle Unit 3405 Lake Bluff, IL 60044 Lake County	\$105,000.00	-	\$30,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2002 Honda Odyssey 200,000 miles	\$425.00		\$425.00	735 ILCS 5/12-1001(c)
Ente from Schedule AVD. 4.1			100% of fair market value, up to any applicable statutory limit	
2013 Chrysler 300 40,000 miles	\$15,200.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule AVD. 3.2			100% of fair market value, up to any applicable statutory limit	
Miscellaneous appliances, dining room table and chairs, 2 sets of	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)
bedroom, front room furniture Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
2 televisions, 1 DVD player, 1 camera, 1 laptop, 1 printer, 3	\$600.00		\$600.00	735 ILCS 5/12-1001(b)
cellphones Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

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Geoffrey K. Wilson

Debtor 1 Ceil F. Wilson Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Miscellaneous pictures 735 ILCS 5/12-1001(b) \$100.00 \$100.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit Hot Wheels collection 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Line from Schedule A/B: 8.2 100% of fair market value, up to any applicable statutory limit 2 bicycles 735 ILCS 5/12-1001(b) \$150.00 \$150.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Miscellaneous wearing apparel 735 ILCS 5/12-1001(a) \$150.00 \$150.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit 2 wedding rings, 2 watches, 735 ILCS 5/12-1001(b) \$350.00 \$350.00 miscellaneous costume jewelry Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking: US Bank 735 ILCS 5/12-1001(b) \$350.00 \$350.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Fiseru** 735 ILCS 5/12-1001(b) \$4,000.00 \$3,630.00 Line from Schedule A/B: 18.1 100% of fair market value, up to any applicable statutory limit 401(k): 735 ILCS 5/12-1006 \$25,000.00 \$25,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1006 \$35,000.00 \$35,000.00 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit 215 ILCS 5/238 Life insurace - term only

\$0.00

П

\$0.00

100% of fair market value, up to any applicable statutory limit

Beneficiary: Ceil F. Wilson (wife) Line from Schedule A/B: 31.1

Debtor 1
Debtor 2
Debtor 2
Debtor 2
Debtor 2
Debtor 2
Debtor 3
Debtor 4
Debtor 2
Debtor 2
Debtor 4
Debtor 2
Debtor 5
Decompt Page 19 of 58
Case number (if known)

Case number (if known)

Case number (if known)

No
Destrict to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
Destrict to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
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Case 17-22524

Yes

Doc 1

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		Document Pa	ae 20	of 58		
Fill in this infor	mation to identify you	r case:				
Debtor 1	Geoffrey K. Wils	con				
Debter 1	First Name		Name			
Debtor 2	Ceil F. Wilson					
(Spouse if, filing)	First Name	Middle Name Last	Name			
United States D	and what our Count for the	NORTHERN DISTRICT OF ILL INOIS	,			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS	•			
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
Official For	<u>m 106D</u>					
Schedule	D: Creditors	Who Have Claims Sec	ured	by Property	V	12/15
	Di Gi Gaittoi G			<i>by</i>	<u>, </u>	,
		f two married people are filing together, both				
number (if known)		out, number the entries, and attach it to this	iorin. On	the top of any addition	nai pages, write your na	me and case
1. Do any creditor	s have claims secured by	vour property?				
	•	nis form to the court with your other scheo	hulos Voi	u baya nathing also t	a raport on this form	
_		•	Jules. 10	u nave nothing else t	o report on this form.	
Yes. Fill i	n all of the information I	pelow.				
Part 1: List A	All Secured Claims					
2. List all secured	d claims. If a creditor has r	nore than one secured claim, list the creditor so	eparately	Column A	Column B	Column C
for each claim. If i	more than one creditor has	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Amount of claim	Value of collateral	Unsecured
much as possible,	list the claims in alphabetic			Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Carmax		Describe the property that secures the cla	im:	\$28,229.00	\$15,200.00	\$13,029.00
Creditor's Nan	me	2013 Chrysler 300 40,000 miles				
		A contract of the state of the				
PO Box 3		As of the date you file, the claim is: Check a apply.	all that			
Milwauke	ee, WI 53201	Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated				
		Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as mortga	ge or secu	ired		
Debtor 2 only		car loan)	•			
■ Debtor 1 and D	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	s lien)			
☐ At least one of	the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this o	claim relates to a	Other (including a right to offset)				
community d		, , ,				
Date debt was inc	curred	Last 4 digits of account number				
Date dest was in						
2.2 Orango I	aka Basarts	Describe the property that secures the cla	im:	\$44 500 00	¢5 000 00	\$36 500 00
2.2 Orange L Creditor's Nan	_ake Resorts	· · ·	- IIII.	\$41,500.00	\$5,000.00	\$36,500.00
ordanor o rian		Orange Lakes Resorts				
8505 W	Irlo Bronson					
Memoria		As of the date you file, the claim is: Check a	all that			
	ee, FL 34747	apply. Contingent				
Number, Stree	et, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the d	lebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as mortga	ge or secu	ıred		
Debtor 2 only		car loan)	₃ 5 51 5000			
■ Debtor 1 and □	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	s lien)			
	the debtors and another	☐ Judgment lien from a lawsuit	•			
	claim relates to a	☐ Other (including a right to offset)				
community d						
Data dalit		Lant 4 dinita of some of some				
Date debt was in	currea	Last 4 digits of account number				

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Debtor 1		Geoffrey K. Wilson		Case number (if know)		
		First Name Middle	Name Last Name			
Deb	tor 2					
		First Name Middle	Name Last Name			
2.3	We	lls Fargo Mortgage	Describe the property that secures the claim:	\$134,212.43	\$105,000.00	\$29,212.43
	Cred	itor's Name	13000 W. Haiden Circle Unit 3405 Lake Bluff, IL 60044 Lake County			
	Los). Box 51171 s Angeles, CA 51-5471	As of the date you file, the claim is: Check all that apply. Contingent			
	Numl	ber, Street, City, State & Zip Code	☐ Unliquidated			
Who	owe	s the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_		1 only 2 only	An agreement you made (such as mortgage or s car loan)	secured		
	ebtor	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
ПА	t leas	t one of the debtors and another	☐ Judgment lien from a lawsuit			
		if this claim relates to a nunity debt	Other (including a right to offset)			
Date	debt	was incurred	Last 4 digits of account number			
Ad	d the	dollar value of your entries in	Column A on this page. Write that number here:	\$203,941.	43	
		the last page of your form, ad	d the dollar value totals from all pages.	\$203,941.	43	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Page 22 of 58 Document Fill in this information to identify your case: Debtor 1 Geoffrey K. Wilson Middle Name Last Name First Name Debtor 2 Ceil F. Wilson (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2 List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Department of the Treasury Last 4 digits of account number 7572 \$756.90 \$756.90 \$0.00 Priority Creditor's Name When was the debt incurred? **Internal Revenue Service** Kansas City, MO 64999-0010 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ☐ Domestic support obligations At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes 2015 income taxes 2.2 Department of the Treasury Last 4 digits of account number \$0.00 \$0.00 \$0.00 Priority Creditor's Name **Internal Revenue Service** When was the debt incurred? Kansas City, MO 64999-0010 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No

Official Form 106 E/F

☐ Yes

2016 income tax

☐ Other. Specify

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Debtor	2 Ceil F. Wilson		Case number (if know)	
Part 2:	List All of Your NONPRIORITY Unsecu	red Claims		
3. Do a	any creditors have nonpriority unsecured claim	s against you?		
	No. You have nothing to report in this part. Submit	this form to the court with your other sche	edules.	
	Voc			
unse	all of your nonpriority unsecured claims in the ecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other 2.	aim. For each claim listed, identify what t	ype of claim it is. Do not list claims already incl	uded in Part 1. If more
				Total claim
4.1	Amazon Chase	Last 4 digits of account number	2038	\$2,836.18
	Nonpriority Creditor's Name P.O. Box 15123	When was the debt incurred?		
	Wilmington, DE 19850-5123	when was the dept incurred:		
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	_	_ Claim incu	rred from miscellaneous	
	Yes	Other. Specify charges.		
4.2	Best Buy Credit Services	Last 4 digits of account number	9506	\$3,545.42
	Nonpriority Creditor's Name P.O. Box 78009	When was the debt incurred?		
	Phoenix, AZ 85062-8009	mon was the dest meaned.		
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Claim incur Other. Specify purchases.	rred from miscellaneous	

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	Geoffrey K. Wilson Ceil F. Wilson	Case number (if know)	
4.3	BP-Card Member Services	Last 4 digits of account number 1898	\$439.89
	Nonpriority Creditor's Name PO Box 15325 Wilmington, DE 19886	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Claim incurred from miscellaneous purchases.	
4.4	Capital One Bank	Last 4 digits of account number 9092	\$1,656.98
	Nonpriority Creditor's Name P.O. Box 6492 Carol Stream, IL 60197-6492	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Claim incurred from miscellaneous charges.	
4.5	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number 1399	\$702.39
	P.O. Box 6492 Carol Stream, IL 60197-6492	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	_	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Corporate debt	

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Debtor 2 Ceil F. Wilson Case number (if know) 4.6 Capital One Bank Last 4 digits of account number 7570 \$1,622.77 Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197-6492 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Claim incurred from miscellaneous ■ Other. Specify charges. ☐ Yes 4.7 **Discover Card** Last 4 digits of account number \$5,372.39 Nonpriority Creditor's Name When was the debt incurred? PO Box 30395 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Claim incurred from miscellaneous Other. Specify charges. ☐ Yes 4.8 **Great Lakes** Last 4 digits of account number \$80,091.60 Nonpriority Creditor's Name P.O. Box 7860 When was the debt incurred? Madison, WI 53707-7860 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Cosigned on 3 student loans for son ☐ Yes

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Debto	or 2 Ceil F. Wilson	Case number (if know)	
4.9	Juniper Nonpriority Creditor's Name	Last 4 digits of account number 8792	\$4,165.63
	Card Services P.O. Box 60517	When was the debt incurred?	
	City of Industry, CA 91716-0517 Number Street City State Zlp Code	As of the date year file the claim in Observation where	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
		Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Claim incurred from miscellaneous charges.	
4.1		4540	40.400.04
0	Macy's Nonpriority Creditor's Name	Last 4 digits of account number 4542	\$2,189.21
	PO Box 8058 Mason, OH 45040	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Claim incurred from miscellaneous purchases.	
4.1	NorthShore University	Last 4 digits of account number 4361	\$2,830.70
<u>'</u>	Healthsystem Nonpriority Creditor's Name 100 South Owasso Blvd. W	Last 4 digits of account number 4361 When was the debt incurred?	Ψ2,000.10
	Saint Paul, MN 55117		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Services	

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Debt	or 2 Ceil F. Wilson	Case number (if know)	
4.1 2	RCI	Last 4 digits of account number 8929	\$4,792.81
	Nonpriority Creditor's Name Card Services PIO. Box 60517	When was the debt incurred?	
	City of Industry, CA 91716-0517 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Claim incurred from miscellaneous charges.	
4.1 3	Shell	Last 4 digits of account number 5691	\$1,426.84
3	Nonpriority Creditor's Name PIO. Box 6406	When was the debt incurred?	V 1,120101
	Sioux Falls, SD 57117 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only		
		☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Claim incurred from miscellaneous purchases.	
4.1 4	Synchrony Bank	Last 4 digits of account number 5310	\$846.30
	Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896-0061	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Claim incurred from miscellaneous purchases.	

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Debtor 2 Ceil F. Wilson Case number (if know) 4.1 Synchrony Bank/JCP 3211 \$1,862.51 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 960090 When was the debt incurred? Orlando, FL 32896-0090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Claim incurred from miscellaneous ☐ Yes Other. Specify purchases. 4.1 Synchrony Bank/ROS 0838 \$5,211.25 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 960012 When was the debt incurred? Orlando, FL 32896-0012 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Claim incurred from miscellaneous ☐ Yes Other. Specify purchases. 4.1 Walmart 6941 \$4,903.41 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 530927 Atlanta, GA 30353 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Claim incurred from miscellaneous Other Specify purchases. ☐ Yes

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cor 1 Geoffrey K. Wilson Ceil F. Wilson	Case number (if know)	
Wells Fargo	Last 4 digits of account number 8494	\$6,787.77
Nonpriority Creditor's Name		
Payment Remittance Center PO Box 54349	When was the debt incurred?	
Los Angeles, CA 90054	_	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Claim incurred from miscellaneous purchases.	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 756.90
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 756.90
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	•	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 131,284.05
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 131,284.05

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Document Page 30 of 58 Fill in this information to identify your case: Debtor 1 Geoffrey K. Wilson Middle Name First Name Last Name Debtor 2 Ceil F. Wilson (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Carmax PO Box 3174 Milwaukee, WI 53201 **Automobile contract**

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	Case 17-22324 1	Docume		orrzorir 13.09.33 Desc Maii of 58	. 1
Fill in this	s information to identify your				
Debtor 1	Geoffrey K. Wilso	on			
	First Name	Middle Name	Last Name		
Debtor 2	Ceil F. Wilson ing) First Name	Middle None	Loot Name		
(Spouse if, fil		Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	nber			☐ Check if th	ie ie an
(amended f	
⊃ 46: ~: ~	J. Form 10011				
	II Form 106H	alatana			
<u>scnec</u>	dule H: Your Cod	eptors			12/15
ill it out, a our name		boxes on the left. Attach . Answer every question	the Additional Page t	ion. If more space is needed, copy the Add o this page. On the top of any Additional Page as a codebtor.	
_	·	,	•		
■ No □ Ye					
ш те	S				
	thin the last 8 years, have you na, California, Idaho, Louisiana			ry? (Community property states and territories ington, and Wisconsin.)	include
■ No	. Go to line 3.				
☐ Ye	s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the p sure you have listed the creditor on Sched 16G). Use Schedule D, Schedule E/F, or Sch	ule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you o Check all schedules that apply:	we the debt
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			<u> </u>	

State

City

ZIP Code

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Dal	otor 1 Cooffman K	Wileen			
Dei	otor 1 Geoffrey K	. Wilson			
	cotor 2 Ceil F. Wills	son			
Uni	ted States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS		
(If kr	se number		-		
	fficial Form 106l			MM / DD/	YYYY
S	chedule I: Your Ind	come			12/15
Par 1.	Till in your employment	t .	Debtor 1	Debtor	2 or non-filing spouse
	information.		_		
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Emp	oloyed employed
	employers.	Occupation	17 years	Medic	al Records
	Include part-time, seasonal, or self-employed work.	Employer's name	Technical Support	Illinois	s Bone & Joint Institute
	Occupation may include studen or homemaker, if it applies.	Employer's address	Fiserv Brookfield, WI	Banno	ockburn, IL
		How long employed t	here? <u>17 years</u>		16 1/2 years
Par	t 2: Give Details About M	onthly Income			
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to report for an	y line, write \$0 in th	e space. Include your non-filing
	u or your non-filing spouse have r e space, attach a separate sheet t		ombine the information for all em	ployers for that pers	son on the lines below. If you need
				For Debtor 1	For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

non-t			
\$	6,804.58	\$_	2.
+\$_	0.00	+\$_	3.
\$_	6,804.58	\$_	4.
	+\$_	6,804.58 \$ 0.00 +\$	\$ 6,804.58 \$ +\$ 0.00 +\$

Official Form 106I Schedule I: Your Income page 1

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Debtor 1 Debtor 2			C	Case ni	umber (<i>if l</i>	known)				
				For D	ebtor 1			Debtor 2 -filing sp		
C	opy line 4 here	4.		\$	6,80	4.58	\$		307.73	
5. Li	et all payroll deductions									
	st all payroll deductions:	- -		Φ.	4.00		œ	_	-00 - 4	
58	•	5a.		\$		0.32	\$_ \$	5	33.54	
5b 5d	·	5b. 5c.		\$		0.00 9.18	-\$		0.00 83.90	
50		5d.		\$		0.00	\$ 		0.00	
56		5e.		\$—		7.22	\$-	1	17.19	
5f		5f.		\$		0.00	\$_		0.00	
50	5	5g.		<u>*</u> —		0.00	\$		0.00	
5h		5h.		\$			+ \$		0.00	
	HSA	_		\$		0.00	\$		0.00	
	Profit Sharing			\$		0.00	\$	1	31.92	
	FSA	_		\$		0.00	\$	2	200.00	
6. A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,68	9.20	\$	1,0	066.55	
7. C :	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,11	5.38	\$	1,7	41.18	
8a 8b 8d	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8a. 8b.		\$ \$		0.00	\$ \$		0.00	
8c 8e	. , ,	8d. 8e.		\$		0.00	\$		0.00	
8f	•			\$		0.00	\$ \$		0.00	
80		8g.		\$		0.00	\$		0.00	
8h	n. Other monthly income. Specify:	_ 8h.	.+	\$		0.00	+ \$		0.00	
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>		0.00	\$		0.00	
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	4	,115.38	+ \$_	1,7	41.18	= \$	5,856.56
In ot De	tate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. In not include any amounts already included in lines 2-10 or amounts that are not a pecify:	depei availa	ble	to pa					J. +\$	0.00
W	dd the amount in the last column of line 10 to the amount in line 11. The res rite that amount on the Summary of Schedules and Statistical Summary of Certai oplies							12.	\$	5,856.56
		_							Combin monthly	ed y income
13. D	o you expect an increase or decrease within the year after you file this form' No. Yes Explain:	<i>'</i>								

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						_				
Fill in	n this informa	tion to identify yo	our case:							
Debte	or 1	Geoffrey K. \	Wilson			Ch	eck if this is:			
<u>.</u>							_			
Debto	or 2 use, if filing)	Ceil F. Wilso	n					owing postpetition chapter of the following date:		
(Spot	use, ii iiiirig)						TO expended as c	or the following date.		
Unite	d States Bankr	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY			
	number									
(If kn	OWII)									
Of	ficial Fo	rm 106J								
		J: Your	Exper	ises				12/1		
Be a infor	s complete a rmation. If mathematics ber (if know	and accurate as ore space is ne n). Answer ever	s possible. eded, atta ry question	If two married people ar				for supplying correct		
Part 1.	1: Describe this a join	ibe Your House	hold							
١.	□ No. Go to									
		s Debtor 2 live i	in a senar:	ate household?						
	= 100. 20 0		iii a copair							
		_	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.			
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state	tho						□ No		
	dependents						?	■ Yes		
								_ □ No		
								_		
								□ No		
								_ Yes		
								□ No □ Yes		
3.	Do your exp	enses include	_	No				_ L Yes		
	expenses o	f people other to d your depende	han _	No Yes						
Part	2: Estim	ate Your Ongoi	ng Monthl	y Expenses						
expe	mate your exenses as of a licable date.	openses as of your date after the l	our bankru bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed and use of the second se	orm as a s J, check	supplement in a CI the box at the top	hapter 13 case to report of the form and fill in the		
the v	value of sucl	h assistance an	•	government assistance i	•		V			
(Offi	icial Form 10)6I.)					Your ex	penses		
4.		or home owners		ses for your residence. In	nclude first mortgag	e 4.	\$	675.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$	100.00		
		rty, homeowner's	s, or renter	's insurance		4b.		28.00		
	•	•		pkeep expenses		4c.	\$	150.00		
_		owner's associat				4d.	·	445.00		
5	Additional r	nortgage payme	ents for vo	our residence, such as ho	me equity loans	5	S	0.00		

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6b. Water, 6c. Telepho 6d. Other. S 7. Food and ho 8. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgar 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	d children's education costs adary, and dry cleaning e products and services dental expenses on. Include gas, maintenance, bus or train fare. car payments. it, clubs, recreation, newspapers, magazines, and books intributions and religious donations e insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance. Specify: include taxes deducted from your pay or included in lines 4 or 20.	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$	120.00 0.00 490.00 0.00 750.00 0.00 150.00 50.00 936.00 100.00 0.00 0.00 247.00 0.00
6a. Electric 6b. Water, 6c. Telepho 6d. Other. S 7. Food and ho 8. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other payme deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	sewer, garbage collection one, cell phone, Internet, satellite, and cable services specify: usekeeping supplies d children's education costs ondry, and dry cleaning e products and services dental expenses on. Include gas, maintenance, bus or train fare. ocar payments. tt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations insurance deducted from your pay or included in lines 4 or 20. urance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 490.00 0.00 750.00 0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
6b. Water, 6c. Telepho 6d. Other. S 7. Food and ho 8. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	sewer, garbage collection one, cell phone, Internet, satellite, and cable services specify: usekeeping supplies d children's education costs ondry, and dry cleaning e products and services dental expenses on. Include gas, maintenance, bus or train fare. ocar payments. tt, clubs, recreation, newspapers, magazines, and books ontributions and religious donations insurance deducted from your pay or included in lines 4 or 20. urance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 490.00 0.00 750.00 0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
6c. Telepho 6d. Other 3 7. Food and ho 8. Childcare an 9. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other 3 17d. Other 3 17d. Other 3 17d. Other 3 17d. Other 9 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	one, cell phone, Internet, satellite, and cable services Specify: Jusekeeping supplies Id children's education costs Indry, and dry cleaning Is products and services Idental expenses Indide gas, maintenance, bus or train fare. Incar payments. It, clubs, recreation, newspapers, magazines, and books Intributions and religious donations Insurance deducted from your pay or included in lines 4 or 20. Jurance Insurance Insura	6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	490.00 0.00 750.00 0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
7. Food and ho 8. Childcare an 9. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable cc 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	decildren's education costs andry, and dry cleaning exproducts and services dental expenses and. Include gas, maintenance, bus or train fare. Car payments. It, clubs, recreation, newspapers, magazines, and books antributions and religious donations Insurance deducted from your pay or included in lines 4 or 20. Insurance Insu	7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 750.00 0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
7. Food and ho 8. Childcare an 9. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic 13. Entertainmen 14. Charitable co 15. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	decildren's education costs andry, and dry cleaning exproducts and services dental expenses and. Include gas, maintenance, bus or train fare. Car payments. It, clubs, recreation, newspapers, magazines, and books antributions and religious donations Insurance deducted from your pay or included in lines 4 or 20. Insurance Insu	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	750.00 0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
8. Childcare an 9. Clothing, lau 10. Personal car 11. Medical and 12. Transportatic 13. Entertainmen 14. Charitable co 15. Insurance. 15. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgar 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	d children's education costs andry, and dry cleaning e products and services dental expenses on. Include gas, maintenance, bus or train fare. car payments. it, clubs, recreation, newspapers, magazines, and books intributions and religious donations insurance deducted from your pay or included in lines 4 or 20. irrance insurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. ir lease payments: ments for Vehicle 1	9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
10. Personal car 11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15. Insurance. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other in 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	e products and services dental expenses on. Include gas, maintenance, bus or train fare. car payments. it, clubs, recreation, newspapers, magazines, and books intributions and religious donations insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. Ir lease payments: ments for Vehicle 1	10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	150.00 50.00 936.00 260.00 100.00 0.00 0.00 247.00 0.00
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11. Medical and 12. Transportatic Do not include 13. Entertainmen 14. Charitable co 15. Insurance. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other of 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	dental expenses on. Include gas, maintenance, bus or train fare. car payments. it, clubs, recreation, newspapers, magazines, and books intributions and religious donations insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance isurance. Specify: include taxes deducted from your pay or included in lines 4 or 20. Ir lease payments: ments for Vehicle 1	11. 12. 13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	936.00 260.00 100.00 0.00 0.00 247.00 0.00
12. Transportation Do not included Entertainment Charitable of Insurance. Do not included 15a. Life insurance. Do not included 15a. Life insurance. Do not included 15a. Life insurance. Do not included 15d. Other insurance Insurance Installment of Irac. Do not Specify: 17. Installment of Irac. Other. Surance Irac. Other. Surance Irac. Other. Surance Irac. Other payment Irac. Dother payment Irac. Other payment Irac. Dother payment Irac. Dother payment Irac. I	on. Include gas, maintenance, bus or train fare. car payments. it, clubs, recreation, newspapers, magazines, and books intributions and religious donations insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance isurance. Specify: include taxes deducted from your pay or included in lines 4 or 20. Ir lease payments: ments for Vehicle 1	13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	260.00 100.00 0.00 0.00 0.00 247.00 0.00
Do not include 13. Entertainmen 14. Charitable co 15. Insurance. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other of 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	car payments. It, clubs, recreation, newspapers, magazines, and books Intributions and religious donations Insurance deducted from your pay or included in lines 4 or 20. Irrance Insurance Insur	13. 14. 15a. 15b. 15c. 15d.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 247.00 0.00
14. Charitable co. 15. Insurance. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other of 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	Intributions and religious donations Insurance deducted from your pay or included in lines 4 or 20. Jurance Insurance Insuran	14. 15a. 15b. 15c. 15d. 16.	\$	0.00 0.00 0.00 247.00 0.00
15. Insurance. Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other of 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgay 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	insurance deducted from your pay or included in lines 4 or 20. urance insurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. I lease payments: ments for Vehicle 1	15a. 15b. 15c. 15d. 16.	\$ = \$ = \$ \$ =	0.00 0.00 247.00 0.00
Do not include 15a. Life ins 15b. Health 15c. Vehicle 15d. Other in Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. Strand Other. Strand Other paymer deducted fro 17a. Vour paymer deducted fro 17b. Car paymer deducted fro 17b. Other paymer deducted fro 17b. Other paymer Specify: 20. Other real propertion 20b. Real es 20c. Propertion 20d. Mainter 20e. Homeo	urance insurance insurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. Include taxes payments: ments for Vehicle 1	15b. 15c. 15d. 16.	\$ \$ \$	0.00 247.00 0.00
15a. Life ins 15b. Health 15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other. S 17d. Other paymer deducted fro 19. Other paymer Specify: 20. Other real pr 20a. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	urance insurance insurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. Include taxes payments: ments for Vehicle 1	15b. 15c. 15d. 16.	\$ \$ \$	0.00 247.00 0.00
15b. Health 15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other. S 17d. Other paymer deducted fro 19. Other paymer Specify: 20. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	nsurance insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	15b. 15c. 15d. 16.	\$ \$ \$	0.00 247.00 0.00
15c. Vehicle 15d. Other ir 16. Taxes. Do no Specify: 17. Installment o 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other. S 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	insurance surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	15c. 15d. 16.	\$	247.00 0.00
15d. Other ir Taxes. Do no Specify: Installment of 17a. Car pay 17b. Car pay 17c. Other. Straight of 17d. Other. Straight of 17d. Other straight of 17d. Other straight of 17d. Other paymer deducted fro 17d. Other paymer Specify: 20. Other real propert 20a. Mortgage 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	surance. Specify: include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	15d. 16.	\$	0.00
16. Taxes. Do no Specify: 17. Installment of 17a. Car pay 17b. Car pay 17c. Other. Strate 17d. Other. Strate 17d. Other strate 17d. Other strate 17d. Other paymer deducted fro 17d. Other paymer Specify: 20. Other real propertion 20d. Mortgat 20d. Real estrate 20d. Mainter 20e. Homeo	include taxes deducted from your pay or included in lines 4 or 20. r lease payments: ments for Vehicle 1	16.		
Specify: Installment of 17a. Car pay 17b. Car pay 17c. Other. Strong 17d. Other. Strong 17d. Other strong 17d. Other strong 17d. Other paymer deducted from 17d. Other paymer Specify: 20. Other real propertion 20d. Mortgan 20d. Real estrong 20d. Mainter 20d. Homeo	r lease payments: ments for Vehicle 1		\$	
17. Installment of 17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 17d. Other S 18. Your paymer deducted from 19. Other real properties. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	ments for Vehicle 1		Ψ	
17a. Car pay 17b. Car pay 17c. Other. S 17d. Other. S 18. Your paymer deducted fro Other payme Specify: 20. Other real pr 20a. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	ments for Vehicle 1	17a.		0.00
17c. Other. 9 17d. Other. 9 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	ments for Vehicle 2		\$	541.13
17d. Other 3 18. Your paymer deducted fro 19. Other payme Specify: 20. Other real pr 20a. Mortgag 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo		17b.	\$	0.00
18. Your paymer deducted fro Other payme Specify: 20. Other real pr 20a. Mortgat 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	Specify:	17c.	\$	0.00
deducted fro Other payme Specify: Other real pr 20a. Mortga 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	Specify:	17d.	\$	0.00
19. Other payme Specify: 20. Other real pr 20a. Mortga 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	ts of alimony, maintenance, and support that you did not report as		•	0.00
Specify: 20. Other real pr 20a. Mortga 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	m your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
20. Other real pr 20a. Mortga 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	nts you make to support others who do not live with you.	40	\$	0.00
20a. Mortgar 20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	anauty avenues not included in lines 4 or 5 of this form or on Cab	19.	····· Incomo	
20b. Real es 20c. Propert 20d. Mainter 20e. Homeo	operty expenses not included in lines 4 or 5 of this form or on Schools on other preparty	20a.		0.00
20c. Propert20d. Mainter20e. Homeo	• • •	20a. 20b.	·	
20d. Mainter 20e. Homeo	/, homeowner's, or renter's insurance	20b. 20c.		0.00
20e. Homeo		20d.	· -	0.00
	ance, repair, and upkeep expenses wner's association or condominium dues	20d. 20e.	· -	0.00
21. Otner: Specif			·	0.00
•	/: 	21.	+\$	0.00
•	ır monthly expenses			
	4 through 21.		\$	5,042.13
22b. Copy line	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line	22a and 22b. The result is your monthly expenses.		\$	5,042.13
23 Calculate voi	r monthly net income.			
	ie 12 (your combined monthly income) from Schedule I.	23a.	\$	5,856.56
	our monthly expenses from line 22c above.	23b.	· -	5,042.13
.,,,	•			
	t your monthly expenses from your monthly income. ult is your <i>monthly net income</i> .	23c.	\$	814.43
24 Do varioves	t an ingresse or degrees in your symptoms within the year offer.	ou file 4h!-	form?	
For example, do	et an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you ne terms of your mortgage?			or decrease because of a
■ No.				
☐ Yes.	Explain here:			

Fill in this infor	mation to identify your	case:				
Debtor 1	Geoffrey K. Wilso	on				
	First Name	Middle Name	Las	t Name	_	
Debtor 2	Ceil F. Wilson					
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINO	IS		
Case number						
(if known)						Check if this is an amended filing
obtaining mone years, or both. 1	y or property by fraud i 18 U.S.C. §§ 152, 1341, 1	n connection with a bank				nent, concealing property, or , or imprisonment for up to 20
	ın Below					
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help	you fill out bankrupt	cy forms?	
■ No						
☐ Yes.	Name of person					uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and s	chedules filed with th	nis declaration	and
X /s/ Ged	offrey K. Wilson		х	/s/ Ceil F. Wilson		
Geoffr	rey K. Wilson			Ceil F. Wilson		
Signatu	ure of Debtor 1			Signature of Debtor 2	<u>-</u>	
Date	July 28, 2017			Date July 28, 20 1	17	

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E:II :	n this inform	action to identify you	r 00001			
		nation to identify you				
Debt	or 1	Geoffrey K. Wils	Middle Name	Last Name		
Debt	or 2	Ceil F. Wilson				
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Case (if know	e number wn)					Check if this is an mended filing
Sta Be as	complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Part	1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1. V	What is you	current marital statu	ıs?			
] [■ Married □ Not mar	ried				
2. [During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
]	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
] [■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ificial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
F	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
[□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From	n January 1 late you file	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$6,629.72	☐ Wages, commissions, bonuses, tips	\$2,796.80
			☐ Operating a business		☐ Operating a business	

Official Form 107

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	btor 1 btor 2		offrey K. V			Documen		r age 30 or		number (if known)		
					Debtor 1					Debtor 2		
						of income that apply.	(bet	oss income fore deductions a lusions)	nd	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar year: December	31, 2016)	■ Wages bonuses,	s, commissions, tips		\$78,903.	.82	☐ Wages, combonuses, tips	missions,	\$49,879.69
					☐ Opera	ting a business				☐ Operating a	business	
			dar year be December		■ Wages	s, commissions, tips		\$70,205.	.94	☐ Wages, combonuses, tips	missions,	\$40,207.76
					☐ Opera	ting a business				☐ Operating a	business	
		each s	-	he gross inco	ome from ea	have income that y		-				
					Debtor 1					Debtor 2		
					Sources Describe	of income below.	eac (bet	ess income from th source fore deductions a lusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Pai	rt 3:	List	: Certain Pa	yments You	Made Befo	ore You Filed for	Bankr	uptcy				
6.	Are □	eithe i No.	Neither De individual p	ebtor 1 nor Dorimarily for a	Debtor 2 ha	imarily consumer is primarily consumity, or household	ımer d ld purp	ebts. Consumer ose."			_	(8) as "incurred by an
			□ No. □ Yes	Go to line 7 List below e paid that cre not include	each credito editor. Do r payments t	or to whom you pai not include paymer to an attorney for the	d a tota its for one	al of \$6,425* or m domestic support kruptcy case.	nore in obliga	one or more pay tions, such as ch	rments and the illd support an	e total amount you d alimony. Also, do
		.,				and every 3 years			a on o	r after the date o	r adjustment.	
	-	Yes.				e primarily consu I for bankruptcy, di			a total	of \$600 or more?		
			No.	Go to line 7								
			□ _{Yes}		ments for d							creditor. Do not clude payments to an
	Cre	editor'	s Name and	d Address		Dates of payme	nt	Total amour		Amount you still owe	Was this pa	ayment for

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		Document	rage 33 01 30)		
Debtor Debtor	_		Cas	se number (if known)		
<i>Ins</i> of v a b	thin 1 year before you filed for bankru, iders include your relatives; any general which you are an officer, director, person susiness you operate as a sole proprietor mony.	partners; relatives of any ge in control, or owner of 20%	eneral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a general ny managing ag	partner; corporation ent, including one fo
	No Yes. List all payments to an insider.					
In	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	his payment
ins	thin 1 year before you filed for bankru sider? lude payments on debts guaranteed or c		nyments or transfer a	any property on a	ccount of a del	ot that benefited an
	No Yes. List all payments to an insider					
	sider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for the Include credit	
Part 4:	Identify Legal Actions, Repossessi		paid	Still Owe	include credit	oi s name
	No Yes. Fill in the details. ase title ase number	Nature of the case	Court or agency		Status of the	case
Ch∈	thin 1 year before you filed for bankruleck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. reditor Name and Address	Describe the Property	,	oreclosed, garnis	shed, attached,	seized, or levied? Value of the property
acc	thin 90 days before you filed for bankr counts or refuse to make a payment be No Yes. Fill in the details. reditor Name and Address		cluding a bank or fir		n, set off any an	nounts from your Amount
	thin 1 year before you filed for bankru urt-appointed receiver, a custodian, or No		perty in the possess	takei		it of creditors, a
	Yes	_				
Part 5: 13. Wit	List Certain Gifts and Contribution thin 2 years before you filed for bankri		fts with a total value	of more than \$60	00 per person?	
	Yes. Fill in the details for each gift. ifts with a total value of more than \$60 er person	0 Describe the gift	s	Date the g	s you gave ifts	Value
	erson to Whom You Gave the Gift and ddress:					

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Debtor 1 Geoffrey K. Wilson
Debtor 2 Case number (if known)

Case number (if known)

Deb	otor 2	Ceil F. Wilson		(Case number	(if known)	
14.	_	n 2 years before you filed for bank	ruptcy,	did you give any gifts or contribution	ns with a tota	al value of more than	\$600 to any charity?
	_ `	No Yes. Fill in the details for each gift or	contribut	tion			
	Gifts more Char	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Co	total	Describe what you contributed		Dates you contributed	Value
			,				
	Withi	List Certain Losses n 1 year before you filed for bankr mbling?	uptcy or	since you filed for bankruptcy, did y	ou lose any	thing because of the	t, fire, other disaster
	I	No					
		Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Include	ibe any insurance coverage for the log the amount that insurance has paid. L nce claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
			moura	The claims of the 55 of Generale A.B.	r roperty.		
Par	t 7:	List Certain Payments or Transfe	rs				
	Includ	No Yes. Fill in the details. on Who Was Paid		ng a bankruptcy petition? 's, or credit counseling agencies for ser Description and value of any prop transferred	·	Date payment or transfer was	Amount of payment
	Ema	il or website address on Who Made the Payment, if Not	You			made	, , , , , , , , , , , , , , , , , , ,
	750 Suit Buff	enheimer Law Group, LLC Lake Cook Road e 290 falo Grove, IL 60089 enheimer@olawgroup.com		Attorney Fees			\$3,000.00
17.	prom Do no		editors o	id you or anyone else acting on your or to make payments to your creditor ted on line 16.		or transfer any prope	rty to anyone who
	Pers Addı	on Who Was Paid ress		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Includ	ferred in the ordinary course of your se of your se of your self the both outright transfers and transfers that you have a self that yo	our busir rs made	as security (such as the granting of a se			
	_	No Yes. Fill in the details.					
	_	on Who Received Transfer		Description and value of property transferred		any property or s received or debts	Date transfer was made
	Pers	on's relationship to you			p 0 0 x		

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Debtor 1 **Geoffrey K. Wilson**Debtor 2 **Ceil F. Wilson**

Case number (if known)

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	■ No □ Yes. Fill in the details.							
	Name of trust	Description and v	alue of the pro	perty tran	sferred	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and St	torage Un	its			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accour	nts; certificates	s of depos		, ,		
	■ No							
	Yes. Fill in the details.							
		ast 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	bankruptcy, a	ny safe de	eposit box or other deposi	itory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?		
22.	Have you stored property in a storage unit or	place other than your	home within 1	year befo	ore you filed for bankrupto	y?		
	□ No■ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?		
	Libertyville	Geoffrey K. Wils 13000 W. Haidel Unit 3405 Lake Bluff, IL 60	n Circle	Hot who	eels aneous old furniture	□ No ■ Yes		
Par	t 9: Identify Property You Hold or Control fo	r Someone Else						
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ıde any proper	ty you bo	rrowed from, are storing f	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	e the property	Value		
Par	t 10: Give Details About Environmental Inform	mation						
For	the purpose of Part 10, the following definition	s apply:						

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

to own, operate, or utilize it, including disposal sites.

regulations controlling the cleanup of these substances, wastes, or material.

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Debtor 1 Geoffrey K. Wilson
Debtor 2 Ceil F. Wilson

Case number (if known)

hazardous material, pollutant, contaminant, or similar term.

Ren	ort a	II notices.	releases.	and	proceeding	as that	vou know	about.	regardless	of when the	v occurred.

Мор	0 u	nonoco, roloucoc, una prococumgo inc	ar you allow about, rogaraloco or whom	moy cocarroar	
24.	Has	any governmental unit notified you that	you may be liable or potentially liable	under or in violation of an environm	ental law?
		No			
		Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of	any release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or adm	inistrative proceeding under any envir	onmental law? Include settlements	and orders.
		No Yes. Fill in the details.			
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business		
27.	Witl	hin 4 years before you filed for bankrupt	cy, did you own a business or have any	of the following connections to any	y business?
		☐ A sole proprietor or self-employed in	n a trade, profession, or other activity, e	either full-time or part-time	
		☐ A member of a limited liability comp	any (LLC) or limited liability partnership	p (LLP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing exe	ecutive of a corporation		
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
		No. None of the above applies. Go to P	art 12.		
		Yes. Check all that apply above and fill	in the details below for each business.		
		siness Name dress	Describe the nature of the business	Employer Identification number Do not include Social Security	
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	
28.		hin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your business? Incl	ude all financial
		No Yes. Fill in the details below.			
		me dress mber, Street, City, State and ZIP Code)	Date Issued		

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Debtor 1 Geoffrey K	Wilson				
Debtor 2 Ceil F. Wils	son			Case number (if known)	
Part 12: Sign Below					
I have read the answers	on this Statement of Fir	ancial Δffairs an	d any attachments	and I declare under penalty	of perjury that the answers
					perty by fraud in connection
	can result in fines up to				. , ,
18 U.S.C. §§ 152, 1341,	1519, and 3571.				
/s/ Geoffrey K. Wilso	on	/s/ Cei	il F. Wilson		
Geoffrey K. Wilson	•••		. Wilson		
Signature of Debtor 1			ure of Debtor 2		
Date July 28, 2017		Date	July 28, 2017		
Did you attach addition	al pages to Your Stateme	ent of Financial A	Affairs for Individua	Is Filing for Bankruptcy (Offic	cial Form 107)?
■ No				. , , ,	,
□ Yes					
Did you pay or agree to	pay someone who is not	an attorney to h	elp you fill out ban	kruptcy forms?	
■ No					
☐ Yes Name of Person	Attach the Rankru	ntcy Petition Pren	arer's Notice Declar	ration, and Signature (Official Fo	orm 119)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received , \$3,000.00

toward the flat fee, leaving a balance due of \$1,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:July 28, 2017	appear in court to object.	
Signed:		
/s/ Geoffrey K. Wilson	/s/ Lester A. Ottenheimer III	
Geoffrey K. Wilson	Lester A. Ottenheimer III 3127572	
	Attorney for the Debtor(s)	
/s/ Ceil F. Wilson	•	
Ceil F. Wilson		
Debtor(s)		

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

		Geoffrey K. W		1		G V			
In	re _	Ceil F. Wilson	<u> </u>		Debtor(s)	Case No. Chapter	13		
					_ ::::(*)				
		DIS	CLO	OSURE OF COMP	ENSATION OF ATTO	RNEY FOR DE	EBTOR(S)		
1.	com	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
		For legal service	es, I h	nave agreed to accept		\$	4,000.00		
					ed		3,000.00		
		Balance Due					1,000.00		
2.	The source of the compensation paid to me was:								
		Debtor		Other (specify):					
3.	The	The source of compensation to be paid to me is:							
		Debtor		Other (specify):					
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.								
		☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.							
5.	In re	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in banks b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing agreements and applications as needed; preparation and filing of motions pursuant to 1° 522(f)(2)(A) for avoidance of liens on household goods. 								
6.	Ву а	Represen	tatior	otor(s), the above-disclosed n of the debtors in any or ersary proceeding.	fee does not include the followin dischargeability actions, jud	ig service: licial lien avoidanc	es, relief from stay actions or		
					CERTIFICATION				
this		rtify that the fore cruptcy proceeding		is a complete statement of	any agreement or arrangement for	or payment to me for re	epresentation of the debtor(s) in		
	July	28, 2017			/s/ Lester A. Otte	enheimer III			
Date						Lester A. Ottenheimer III 3127572 Signature of Attorney			
					Ottenheimer Lav				
					750 Lake Cook F				
					Suite 290 Buffalo Grove, II	60080			
						ax: 847-520-9410			
					lottenheimer@olawgroup.com				
					Name of law firm				

United States Bankruptcy Court Northern District of Illinois

In re	Geoffrey K. Wilson Ceil F. Wilson		Case No.	Case No.			
		Debtor(s)	Chapter 13				
	VE	RIFICATION OF CREDITOR M	ATRIX				
	Number of Creditors: _		Creditors:	23			
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best (our) knowledge.						
Date:	July 28, 2017	/s/ Geoffrey K. Wilson					
		Geoffrey K. Wilson Signature of Debtor					
Date:	July 28, 2017	/s/ Ceil F. Wilson Ceil F. Wilson					
		Signature of Debtor					

Amazon Chase P.O. Box 15123 Wilmington, DE 19850-5123

Best Buy Credit Services P.O. Box 78009 Phoenix, AZ 85062-8009

BP-Card Member Services PO Box 15325 Wilmington, DE 19886

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197-6492

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197-6492

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197-6492

Carmax PO Box 3174 Milwaukee, WI 53201

Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0010

Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0010

Discover Card PO Box 30395 Salt Lake City, UT 84130

Great Lakes P.O. Box 7860 Madison, WI 53707-7860 Juniper Card Services P.O. Box 60517 City of Industry, CA 91716-0517

Macy's PO Box 8058 Mason, OH 45040

NorthShore University Healthsystem 100 South Owasso Blvd. W Saint Paul, MN 55117

Orange Lake Resorts 8505 W. Irlo Bronson Memorial Hwy Kissimmee, FL 34747

RCI Card Services Plo. Box 60517 City of Industry, CA 91716-0517

Shell Plo. Box 6406 Sioux Falls, SD 57117

Synchrony Bank P.O. Box 960061 Orlando, FL 32896-0061

Synchrony Bank/JCP P.O. Box 960090 Orlando, FL 32896-0090

Synchrony Bank/ROS P.O. Box 960012 Orlando, FL 32896-0012

Walmart PO Box 530927 Atlanta, GA 30353

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Wells Fargo Payment Remittance Center PO Box 54349 Los Angeles, CA 90054

Wells Fargo Mortgage P.O. Box 51171 Los Angeles, CA 90051-5471